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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS
TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Company Name
LMK Communications, LLC

Dbaf/ka
Clarity Communications Group Inc. (56-2088064)

Telephone #
919-623-4101

Mailing Address
9650 Strickland Rd #103-143

City, State, Zip Code
Raleigh, NC 27615

Business Location
Raleigh, NC 27615

City, State, Zip Code
Wake County

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation

Mailing Address: 2 Office Park CT #103
Columbia, SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Jennifer M. Halsing

- A. **General Manager** (Include Address if different than above)
919-623-4101 / 800-830-5093 / Jennifer@networkclarity.com
Telephone Number / Facsimile Number / E-mail Address
Same as A.
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
/ /
Telephone Number / Facsimile Number / E-mail Address
Same as A.
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
/ /
Telephone Number / Facsimile Number / E-mail Address
877-925-2748
- C2. **Customer Contact** (Toll Free Number)
Carl Miller
- D. **Engineering Operations** (Include Address if different than above)
919-841-4212 / 919-841-4535 / Carl@networkclarity.com
Telephone Number / Facsimile Number / E-mail Address
Same as D.
- E. **Test and Repair** (Include Address if different than above)
/ /
Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)
877-925-2748 / 919-841-4535 / Carl@networkclarity.com
Telephone Number / Facsimile Number / E-mail Address

RECEIVED
MAR 21 2013
FSCS
CLERKS OFFICE

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Same as A.
G. **Regulatory Officer** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
H. **Dual Party Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
I. **Interim LEC Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
J. **Universal Service Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
K. **Gross Receipts Mailings** (Name)

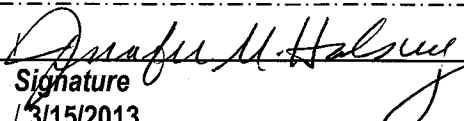
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Same as A.
L. **Lifeline Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Jennifer M. Halsing
This form was completed by
Assistant Secretary & Ass. Treasurer
Title


Signature
3/15/2013
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201